

Supporting Directive BUPERSINST 5300.10A

**BENEFICIARY ADDRESS AND MARITAL STATUS
DESIGNATION AND CHANGE FORM (CONTINUED)**

Supporting Directive BUPERSINST 5300.10A

E. SPOUSE WAIVER:

IF YOU ARE MARRIED AND HAVE NOT ELECTED YOUR SPOUSE AS THE PRIMARY BENEFICIARY ON ALL OF THE ABOVE PLEASE HAVE YOUR SPOUSE PROVIDE CONSENT BELOW.

SPOUSAL CONSENT: I UNDERSTAND THAT I HAVE A RIGHT TO BE DESIGNATED AS THE PRIMARY BENEFICIARY IN ALL OF THE ABOVE. I CONSENT TO WAIVE THAT RIGHT IN ACCORDANCE WITH THE BENEFICIARY DESIGNATIONS SET FORTH ABOVE. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT IF I SIGN THIS FORM THAT I WILL NOT RECEIVE ANY BENEFITS OTHER THAN THOSE DESIGNATED ABOVE IF ANY.

SPOUSE SIGNATURE _____ DATE _____

F. EMERGENCY CONTACT INFORMATION: THE FOLLOWING INDIVIDUAL(S) ARE TO BE CONTACTED IN CASE OF EMERGENCY.

NAME	STREET ADDRESS	CITY, STATE, ZIP	HOME PHONE	WORK PHONE
PRIMARY				
SECONDARY				

G. THE INFORMATION ON THIS FORM IS: ☐ INITIAL DESIGNATION
CHANGE OF: ☐ EMPLOYEE NAME ☐ EMPLOYEE SSN ☐ EMPLOYEE DOB
☐ EMPLOYEE ADDRESS ☐ EMPLOYEE MARITAL STATUS ☐ BENFICIARY

If a change of address, what was the old address:

STREET ADDRESS _____ CITY, STATE, ZIP _____

H. EMPLOYEE SIGNATURE:

I UNDERSTAND THAT THIS DESIGNATION SUPERSEDES ALL PREVIOUS DESIGNATIONS AND THAT IF I HAVE LISTED A MINOR AS BENEFICIARY I HAVE MADE ANY LEGAL ESTATE ARRANGEMENTS REQUIRED BY LAW FOR THIS TO BE ACCEPTABLE. I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS ELECTION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE SIGNATURE _____ DATE _____

I. WITNESSES:

THIS FORM IS VALID ONLY IF WITNESSED BY TWO PERSONS. THE WITNESSES MUST BE AGE 21 OR OLDER. (A WITNESS IS NOT ELIGIBLE TO RECEIVE PAYMENT AS A BENEFICIARY)

WE THE UNDERSIGNED, CERTIFY THAT THIS STATEMENT WAS SIGNED IN OUR PRESENCE.

WITNESS SIGNATURE	STREET ADDRESS	CITY, STATE, ZIP	DATE

J. EMPLOYING PERSONNEL OFFICE CERTIFICATION:

I HAVE REVIEWED THE DESIGNATION AND CERTIFY THAT THE DESIGNATED SHARES TOTAL 100% AND THAT NO WITNESSES ARE DESIGNATED AS BENEFICIARY.

DATE RECEIVED: _____ SIGNATURE: _____

DATE FILED IN OPF: _____

**(ALL SECTIONS OF THE FORM SHALL BE COMPLETED FOR EVERYTHING
EXCEPT A CHANGE OF ADDRESS)**